

**MEDICARE ADVANTAGE
POINT-OF-SERVICE PLANS
(NEW JERSEY)**

State of New Jersey
State Health Ins. Assistance Program
S.H.I.P.
Dept. of Health & Sr. Services
March 2004

GENERAL INFORMATION			IN-NETWORK SERVICES					OUT-OF-NETWORK SERVICES ²			
COMPANY	COUNTIES WHERE AVAILABLE	PLAN MONTHLY PREMIUM	REFERRAL REQUIRED IN NETWORK	COPAY ¹ PRIMARY CARE PHYSICIAN (PCP) SPECIALIST	COPAY/DEDUCT INPATIENT HOSPITAL	EMERGENCY CARE	R _x ANNUAL MAXIMUM COPAYS	ANNUAL DEDUCTIBLE MEMBER WILL PAY	PERCENT COINSURANCE MEMBER WILL PAY	ANNUAL MAXIMUM COINSURANCE LIMIT	FOREIGN TRAVEL EMERGENCY
AETNA HEALTH INC. 1-800-832-2640 www.aetna.com	BERGEN, ESSEX, HUDSON PASSAIC UNION	“GOLDEN CHOICE” \$95	NO	\$10- PCP \$20- NETWORK NON-PCP \$20- SPECIALIST	\$350 / STAY	\$50/ER VISIT (WAIVED IF ADMITTED IMMEDIATELY)	GENERIC UNLIMITED \$15 - 30 DAY SUPPLY \$30 - 90 DAY MAIL ORDER BRAND \$150 MAX./QUARTER \$40 - 30 DAY SUPPLY \$80 - 90 DAY MAIL ORDER	\$150	20%	\$3,500	YES
	MERCER MIDDLESEX MONMOUTH OCEAN	“GOLDEN CHOICE” \$95	NO	\$10- PCP \$20- NETWORK NON-PCP \$20- SPECIALIST	\$100 / DAY DAYS 1 - 7 FOR EACH STAY	\$50/ER VISIT (WAIVED IF ADMITTED IMMEDIATELY)	UNLIMITED GENERIC ONLY \$15 - 30 DAY SUPPLY \$30 - 90 DAY MAIL ORDER				
HORIZON HEALTHCARE OF NJ, INC. 1-800-224-1234 www.horizon.bcbsnj.com	ALL	“MEDICARE BLUE” \$18.42	YES	\$15- PCP \$20- SPECIALIST	\$750/YR	\$50/ER VISIT (WAIVED IF ADMITTED WITHIN 24 HOURS FOR SAME CONDI-TION)	NO	\$1,000	20%	\$2,000	YES
	ALL	“MEDICARE BLUE PLUS” \$50.96	YES	\$20- PCP \$30- SPECIALIST	\$750/YR	\$50/ER VISIT (WAIVED IF ADMITTED WITHIN 24 HOURS FOR SAME CONDI-TION)	\$100 ANNUAL DEDUCTIBLE UNLIMITED GENERIC \$150/QUARTER MAX. BRAND-NAME DRUGS FORMULARY \$10/GENERIC 30-DAY SUPPLY \$20/BRAND 30-DAY SUPPLY \$20/GENERIC 90-DAY SUPPLY \$40/BRAND 90-DAY SUPPLY NON-FORMULARY \$35/GENERIC 30-DAY SUPPLY \$35/BRAND 30-DAY SUPPLY \$70/GENERIC 90-DAY MAIL ORDER \$70/BRAND 90-DAY MAIL ORDER	\$2,000	30%	\$3,000	YES

¹ A copayment may be required for other services (e.g. each physical, speech, occupational therapy visit).

² Prior approval may be required for certain services. Failure to get prior approval will result in higher out-of-pocket costs. Contact plan for details. Some services must be received in-network. Contact plan for details.

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